



## Express Mail Label No. EL719433149US

Please type a plus sign (+) inside this box -> +

PTO/SB/01 (12-97)

Approved for use through 9/30/00. OMB 0651-0032

Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

|   |                          |                      |   | Attorney Docket Number | I-2-165.2US  |  |  |  |
|---|--------------------------|----------------------|---|------------------------|--------------|--|--|--|
| D | ECLARA                   |                      | I FOR UTILITY OR  | First Named Inventor   | John W. Haim |  |  |  |
|   | PATE                     |                      | APPLICATION   | COMPLETE IF KNOWN      |              |  |  |  |
|   | (;                       | 37 C                 | FR 1.63)  | Application Number     |              |  |  |  |
|   | Declaration<br>Submitted |                      | ☐ Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required) | Filing Date            |              |  |  |  |
| 双 |                          | mitted OR<br>Initial |   | Group Art Unit         |              |  |  |  |
|   | with Initial<br>Filing   |                      |   | Examiner Name          |              |  |  |  |
| _ |                          |                      |   |                        |              |  |  |  |

|   |   | -                   |                                    |                          |  |  |  |  |  |
|---|---|---------------------|------------------------------------|--------------------------|--|--|--|--|--|
| As a below named inventor, I hereby declare that:   |   |                     |                                    |                          |  |  |  |  |  |
| My residence, post office address, and citizenship are as stated below next to my name.   |   |                     |                                    |                          |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:  |   |                     |                                    |                          |  |  |  |  |  |
| FAST ADAPTIVE POWER CONTROL FOR A VARIABLE  |   |                     |                                    |                          |  |  |  |  |  |
| MULTIRATE COMMUNICATIONS SYSTEM   |   |                     |                                    |                          |  |  |  |  |  |
|   |   |                     |                                    |                          |  |  |  |  |  |
| the specification of which (Title of the Invention)   |   |                     |                                    |                          |  |  |  |  |  |
| is attached hereto OR   |   |                     |                                    |                          |  |  |  |  |  |
| was filed on (MM/DD/YYYY) as United States Application Number or PCT International  |   |                     |                                    |                          |  |  |  |  |  |
| Application Number and was amended on (MM/DD/YYYY) (if applicable).   |   |                     |                                    |                          |  |  |  |  |  |
| I hereby state that I have re   | I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as |                     |                                    |                          |  |  |  |  |  |
| ' '   | amended by any amendment specifically referred to above.  |                     |                                    |                          |  |  |  |  |  |
| acknowledge the duty to di  | I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.                    |                     |                                    |                          |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. |   |                     |                                    |                          |  |  |  |  |  |
| Prior Foreign Application   |   | Foreign Filing Date | Priority                           | Certified Copy Attached? |  |  |  |  |  |
| Number(s)   | Country   | (MM/DD/YYYY)        | Not Claimed                        | YES NO                   |  |  |  |  |  |
|   |   |                     | 0000                               | 0000                     |  |  |  |  |  |
| Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:   |   |                     |                                    |                          |  |  |  |  |  |
| I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.   |   |                     |                                    |                          |  |  |  |  |  |
|   | Application Number(s) Filing Date (MM/DD/YYYY)  |                     |                                    |                          |  |  |  |  |  |
| 60/221,348  |   | 26/2000             | Additional provisional application |                          |  |  |  |  |  |
| 60/223,375 08/07/2000 numbers are listed on a supplemental priority data PTO/SB/02B attached her  |   |                     |                                    |                          |  |  |  |  |  |
| 1   | I   |                     |                                    | j                        |  |  |  |  |  |

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 0.4 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.

| - · · · · · · · · · · · · · · · · · · ·            | PTO/SB/01 (12-97)  |
|--|--|
| Please type a plus sign (+) inside this box ->   + | Approved for use through 9/30/00. OMB 0651-0032                                      |
|  | Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE                             |
| t Inder the Panerwork Reduction Act of 1995        | no persons are required to respond to a collection of information unless it contains |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.

## DECLARATION — Utility or Design Patent Application

| I hereby claim the benefit under 35 U.S.C. 120 of any United States application(s), or 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States or PCT International application in the manner provided by the first paragraph of 35 U.S.C. 112, I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application. |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
|--|--------------------------------|---------------------|----------------------|------------------------|--|---------------|------------------------------------|-----------------|--------------|--------------------------------------|------------------|---------------|--|
| U.S. Parent Application or PCT Parent Number   |                                |                     |                      |                        |  |               | Parent Filing Date<br>(MM/DD/YYYY) |                 |              | Parent Patent Number (if applicable) |                  |               |  |
|  |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| Additional   | U.S. or F                      | PCT international a | pplicat              | tion numbers ar        | e listed on  | a sup         | olemental                          | priority data   | sheet PTO    | /SB/02                               | B attached h     | ereto.        |  |
| As a named inv   | entor, I h                     | ereby appoint the   | followi              | ng registered pi       | actitioner(  | s) to p       | rosecute t                         | his application | n and to tra | ansact                               | all business     | in the Patent |  |
| and Trademark  | Office co                      | nnected therewith   | X                    | Customer Number 24374  |  |               |                                    | →               |              |                                      | omer             |               |  |
|  |                                |                     |                      | OR                     |  |               | name/registration number lister    |                 |              |                                      |                  |               |  |
|  | Nam                            | e                   |                      | Registration<br>Number |  |               |                                    | 9               |              |                                      | stration<br>mber |               |  |
| Namely, the Attorneys of<br>Volpe and Koenig, P.C.   |                                |                     |                      | 1190                   | Number   |               |                                    |                 |              |                                      |                  |               |  |
| Additional r   | registered                     | practitioner(s) na  | med o                | n supplemental         | Registere  | d Prac        | titioner Inf                       | ormation she    | et PTO/SE    | /02C a                               | attached here    | eto.          |  |
| Direct all corre   | ner Number<br>Code Label 24374 |                     |                      | OR                     | OR Correspondence address below                        |               |                                    |                 |              |                                      |                  |               |  |
| Name   | VO                             | LPE AND KO          | ENI                  | G, P.C.                | DEPT IC  | C             |                                    |                 |              |                                      |                  |               |  |
| Address  |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| Address  |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| City   |                                |                     |                      | ·                      |  | s             | tate                               |                 | ZIP          |                                      |                  |               |  |
| Country  |                                |                     |                      | Telephor               | ie   |               |                                    |                 | Fax          |                                      |                  |               |  |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.  |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| Name of Sole or First Inventor:  |                                |                     |                      |                        | ☐ A petition has been filed for this unsigned inventor |               |                                    |                 |              |                                      | ntor             |               |  |
| Given Name (first and middle [if any]) Family Name or Surname  |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| John W   |                                |                     |                      |                        |  |               |                                    | Haim            |              |                                      |                  |               |  |
| Inventor's Signature   |                                |                     | All I                |                        |  |               |                                    |                 |              | Date                                 | 7/11/01          |               |  |
| Residence: City Bald   |                                | Baldv               | vin                  | State                  | NY   |               | ountry                             | ι               | JS           |                                      | Citizenship      | US            |  |
| Post Office Address 1848 Lo  |                                |                     | 48 Longfellow Street |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| Post Office A  | ddress                         |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |
| City   |                                | Baldwin             | State                | NY                     | ZIP  | 11510 Country |                                    | U               | S            |                                      |                  |               |  |
| Additional inventors are being named on thesupplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto   |                                |                     |                      |                        |  |               |                                    |                 |              |                                      |                  |               |  |